S'TATEMENT OF ECONOMIC INTERESTS

NAMI	D		Candidate fo)r
NAMI		Elec	ction to this	
_	leresa V. Johnidt,		_yesX_	NO
	CE OR POSITION OR SOUGHT			
AGEN	NCY/BUSINESS NAME PHONE		·	
AGEN	NCY/BUSINESS ADDRESS			
CITY	Hermoton STATE VA	ZIP 23	3669	
NAMI	ES OF MEMBERS OF IMMEDIATE FAMILY Leonald Schmidt			
	APLETE ITEMS 1 THROUGH 10. REFER TO SCHEDULES ONLY IF DIRECTED. rn Schedules only if needed to complete Statement.			
You	may attach additional explanatory information.			
1.	Offices and Directorships. Are you or a member of your immediate family a paid officer or paid director of a business?		YES	МО
	If yes, complete Schedule A			
2.	Personal Liabilities. Do you or a member of your immediate family owe more than \$5,000 to any one creditor including contingent liability debts to any government and loans secured by recorded liens on property at least equal in value to the loan.)	ties? (Exclude	YES	NO
	If yes, complete Schedule B			
3.	Securities. Do you or a member of your immediate family, directly or indirectly, separately or together, own securities value \$5,000 invested in one business? Account for mutual funds, limited partnerships and trusts.	d in excess of	YES	NO
	If yes, complete Schedule C			
4.	Payment for Talks, Meetings, and Publications. During the past six months did you receive in your capacity as an officer or employee of your agency lodging, money, or anything else of value with a combined value exceeding \$200 (i) for a single talk, meeting, or published we meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to an officer or employee of your agency?	ork or (ii) for a e you on issues	YES	NO NO
	If yes, complete Schedule D			
5.	Gifts. During the past six months did a business, government, or individual other than a relative or personal friend (i) from member of your immediate family with any gift or entertainment at a single event, and the value received excee furnish you or a member of your immediate family with gifts or entertainment in any combination and the total exceeded \$100, and for which you or the member of your immediate family neither paid nor rendered service Account for entertainment events only if the average value per person attending the event exceeded \$50. Account entertainment (except if related to the private profession or occupation of you or the member of your immediate received such business entertainment) even if unrelated to your official duties.	value received s in exchange? for all business	YES	NO
	If yes, complete Schedule E			
6.	Salary and Wages. List each employer that pays you or a member of your immediate family salary or wages in excess of \$5,000 annuall (Exclude state or local government or advisory agencies.) If no reportable salary or wages, check here	y. REC	EIV	/ED
	Sam Rust Seatond	JAN	20 20	15
	Community Presbyterion Preschool	HABIFTON C		
	City of/ Hampton			

		f l	للال
7.	Business Interests. Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$5,000 in a business?	YES	ЙO
	If yes, complete Schedule F		
8.	Payments for Representation and Other Services.	\Box	X
8A.	Did you represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past six months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-1.)	YES	NO F7
	reves complete Schedule G-1	$\overline{}$	A-
8B.	Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates or others) represent, excluding activity defined as lobbying in § 2.2-419, any businesses before any state governmental agency for which total compensation was received during the past six months in excess of \$1,000? (Officers and employees of local governmental and advisory agencies do NOT need to answer this question or complete Schedule G-2.)	YES	МО
	If yes, complete Schedule G-2	г	IV.
8C.	Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses for which total compensation in excess of \$1,000 was received during the past six months? Services reported under this provision shall not include services involving the representation of businesses that are reported under item 8A or 8B.	YES	NO
•	If yes, complete Schedule G-3		;
9.	Real Estate.		}_
9A.	State Officers and Employees. Do you or a member of your immediate family hold an interest, including a partnership interest, valued at more than \$5,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.	YES	МО
	If yes, complete Schedule H-1	/	
9B.	Local Officers and Employees. Do you or a member of your immediate family hold an interest, including a partnership interest, or option, casement, or land contract, valued at more than \$5,000 in real property (other than your principal residence) for which you have not already listed in the full address on Schedule F? Account for real estate held in trust. If yes, complete Schedule H-2	Ý ÝES	юй
10.,	Real Estate Contracts with Governmental Agencies Do you or a member of your immediate family hold an interest valued at more than \$5,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past six months, with a governmental agency? If the real estate contract provides for the leasing of the property to a governmental agency, do you or a member of your immediate family hold an interest in the real estate valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F, H-1, or H-2. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership exceeds three percent of the total equity of the business. If yes, complete Schedule I	YES	No
	Statements of Economic Interests are open for public inspection.		
	Diatements of Economic Protesses and a		
4 757	FIRMATION BY ALL FILERS.		
$m{AF} m{J}_{avvec}$	ear or affirm that the foregoing information is full, true and correct to the best of my knowledge.		
1 SW	ear or annual that the folegoing another than the folegoing another the folegoing another than the fol	[O]-]	4
		DATE	

OFFICES AND DIRECTORSHIPS

OFFICES AND DIRECTORSHIPS	1 11	
NAME: Teresa	V. Sehmott	
<u> </u>	$0 \in \mathbb{N}$	
OFFICE OR POSITION HELD OR SOUC	GHT: Lity Council	
Identify each business of which you or a men	ther of your immediate family is a paid officer or	paid director.
NAME OF BUSINESS	ADDRESS OF BUSINESS	POSITION HELD AND BY WHOM
		·
	_	
		·

PERSONAL LIABILITIES		
NAME: TERESON V. Schmidt		
NAME:	•	
OFFICE OR POSITION HELD OR SOUGHT: VITY VOUNCE		
Report personal liability by checking each category. Report only debts in excess of \$5,000. Do not Do not report loans secured by recorded liens on property at least equal in value to the loan. Repoindicate which debts are contingent. 1. My personal debts are as follows:	it report debts to any rt contingent liabilities	es below and
1. My personal debts are as follows.		K ONE
CHECK APPROPRIATE CATEGORIES:	\$5,001 TO \$50,000	MORE THAN \$50,000
Banks	Ш	
Savings institutions		닐
Other loan or finance companies		닏
Insurance companies Stock, commodity or other brokerage companies		Ц
out to Suppose	П	
Other businesses: (State principal business activity for each creditor and its name.)		П
	. 4	
	_	Ш
Individual creditors: (State principal business or occupation for each creditor and its name.)		
2. The personal debts of the members of my immediate family are as follows:		CK ONE
CHECK APPROPRIATE CATEGORIES:	\$5,001 TO \$50,000	MORE THAN \$50,000
CHECKTON		
Banks		
Savings institutions		
Other loan or finance companies		
Insurance companies		
Stock, commodity or other brokerage companies		
Other businesses: (State principal business activity for each creditor and its name.)		
(blace prints pr	_ 🗆	ابا
	_ 🗆	
	_	
Individual creditors:		
Individual creditors: (State principal business or occupation for each creditor and its name.)		
	_	П
	_	Ц

SCHEDULE C

SECURITIES

SECURITIES				
NAME: Teresa V Sc	hmidt			
OFFICE OR POSITION HELD OR SOUGHT:	Lity Council			
"SECURITIES" INCLUDES stocks, bonds, n limited partnerships, and commodity futures contract	nutual funds, "SECURITIES" E is. market funds, annuity c			
Identify each business or Virginia governmenta indirectly, separately or together, own securiti individually.	al entity in which you or a member ies valued in excess of \$5,000. N	of your in	nmediate fa issuer and	amily, directly or type of security
Do not list U.S. Bonds or other government so agencies, or local governments. Do not list org businesses conduct business in Virginia. Accou	anizations that do not do business in	nwealth c n this Con	f Virginia unonwealth	or its authorities, n, but most major
If no reportable securities, check here				
ALAN OF ICOLUMN	TYPE OF SECURITY	· ··	CHECK ONE	
NAME OF ISSUER	(STOCKS, BONDS, MUTUAL FUNDS, ETC.)	5,001 to 50,000	50,001 to 250,000	More than 250,000
American Funds	Matual Funds		Á	
Great West	Mertual Funds		乜	

SCHEDULE D

PAYMENT FOR TALKS, MEETINGS, AND PUBLICATIONS

TRAPER COL		
NAME: Prese SCV	7/1/2011	_
OFFICE OR POSITION HELD OR SOUGHT:	(Y) (Primar)	
ORRICE OF LOSITION HEED OF SOCOHIT		

List each source from which you received during the past six months in your capacity as an officer or employee of your agency lodging, transportation, money, or any other thing of value with combined value exceeding \$200 (i) for your presentation of a single talk, participation in one meeting, or publication of a work or (ii) for your attendance at a meeting, conference, or event where your attendance at the meeting, conference, or event was designed to (a) educate you on issues relevant to your duties as an officer or employee of your agency or (b) enhance your knowledge and skills relative to your duties as an officer or employee of your agency. Any lodging, transportation, money, or other thing of value received by an officer or employee that does not satisfy the provisions of clause (i), (ii) (a), or (ii) (b) shall be listed as a gift on Schedule E..

List payments or reimbursements by an advisory or governmental agency only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about payment if you returned it within 60 days or if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here ______

PAYER	APPROXIMATE VALUE	CIRCUMSTANCES	TYPE OF PAYMENT (e.g. honoraria, travel relmbursement, etc.)
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			

SCHEDULE E

GIFTS

GIFTS	
4	11 el colt
NAME: Presu	V. Shmill
OFFICE OR POSITION HELD OR SOUGH	r: Lity Council
OFFICE OR TOSTATO	······································

List each business, governmental entity, or individual that, during the past six months, (i) furnished you or a member of your immediate family with any gift or entertainment at a single event, and the value received exceeded \$50, or (ii) furnished you or a member of your immediate family with gifts or entertainment in any combination and the total value received exceeded \$100, and for which you or the member of your immediate family neither paid nor rendered services in exchange. List each such gift or event. Do not list entertainment events unless the average value per person attending the event exceeded \$50. Do not list business entertainment related to the private profession or occupation of you or the member of your immediate family who received such business entertainment. Do not list gifts or other things of value given by a relative or personal friend for reasons clearly unrelated to your public position. Do not list campaign contributions publicly reported as required by Chapter 9.3 (§ 24.2-900 et seq.) of Title 24.2 of the Code of Virginia.

NAME OF RECIPIENT	NAME OF BUSINESS, ORGANIZATION, OR INDIVIDUAL	CITY OR COUNTY AND STATE	EXACT GIFT OR EVENT	APPROXIMATE VALUE
	<u> </u>			

SCHEDULE F

BUSINESS INTERESTS

NAME: Tereso	Schmidt				
OFFICE OR POSITION HELD OR SOU	JGHT: LITY	Council			
Complete this Schedule for each self-own partnership, or corporation in which you or in excess of \$5,000.	ned or family-owned to a member of your imme	ousiness (including rental property	, a farm, o , own an in	r consultin	g work), g a value
If the enterprise is owned or operated und nature of the enterprise. If rental property otherwise give the address of each property.	is owned or operated	under a trade, partnership, or corpo	otherwise, orate name,	merely ex list the na	plain the me only;
NAME OF BUSINESS, CORPORATION,	CITY OR COUNTY AND STATE	NATURE OF ENTERPRISE (FARMING, LAW, RENTAL	G	ROSS INCO	ME
PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY	ANDUIAIL	PROPERTY, ETC.)	50,000 or less	50,001 to 250,000	More than 250,000
220 Chipkamauga Pile	Hamton, Vt	lental	Ĭ.		
Hot VA 23669			_		
_					
	-			г	П

SCHEDULE G-1

PAYMENTS FOR REPRESENTATION BY YOU								
NAME:	eresa	Schmidt,						
OFFICE OR POSITIO	N HELD OR SO	DUGHT:	Council					
excluding any court or i	udge, for which services to sucl	you received total com h businesses and repre	I as lobbying in § 2.2-4 pensation during the past sentation consisting sole y you.	six mon	ths in ex	cess of \$	1,000, ex	keluding
Identify each business, the nature of the representation and the amount received by dollar category from each such business. You may state the type, rather than name, of the business if you are required by law not to reveal the name of the business represented by you.								ou may y you.
Only STATE officers and	d employees snot	ma complete this ached	uic.					
NAME OF BUSINESS	TYPE OF BUSINESS	PURPOSE OF REPRESENTATION	NAME OF AGENCY	\$1,001 To \$10,000	AMO \$10,001 To \$50,000	UNT RECI \$50,001 To \$100,000	\$100,001 To	\$250,001 And Over
:								
-								
,,,,,								
If you have received \$250,001 or more from a single business within the reporting period, indicate the amount received, rounded to the nearest \$10,000. Amount Received:								

12

SCHEDULE G-2

PAYMENTS FOR REPRESENTATION BY ASSOCIATES

PAYMENTS FOR REPRESENTATION BY ASSOCIATES	· (
	4					
NAME: Teresa Schmid						
OFFICE OR POSITION HELD OR SOUGHT:	(O(A))					
List the business(es) that have been represented, excluding activity defined as lobbying in § 2.2-419, before any state governmental agency, excluding any court or judge, by persons who are your partners, associates or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during the past six months, excluding representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates or others with whom you have a close financial association. Identify such business by type and also name the state governmental agencies before which such person appeared on behalf of such						
businesses.						
Only STATE officers and employees should complete this Schedule						
TYPE OF BUSINESS	NAME OF STATE GOVERNMENTAL AGENCY					

SCHEDULE G-3

PAYMENTS FOR OTHER SERVICES GENERALLY

NAME: PPSG	Schmidt	
OFFICE OR POSITION HELD OR SOUGHT:	THV (punc)	

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association pursuant to an agreement between you and such businesses, or between persons with whom you have a close financial association and such businesses and for which total compensation in excess of \$1,000 was received during the past six months. Services reported in this Schedule shall not include services involving the representation of businesses that are reported in Schedule G-1 or G-2.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

	CHECK IF SERVICES	TYPE OF	44.004			NSATION	
BUSINESS CATEGORY	WERE RENDERED	SERVICE RENDERED	\$1,001 TO \$10,000	\$10,001 TO \$50,000	\$50,001 TO \$100,000	\$100,001 TO \$250,000	\$250,001 AND OVER
Electric Utilities							
Gas Utilities							
Telephone Utilities		h-Minu					
Water Utilities							
Cable Television Companies							
Interstate Transportation Companies							
Intrastate Transportation Companies							
Oil or Gas Retail Companies							
Banks							
Savings Institutions							
Loan or Finance Companies							
Manufacturing Companies (state type of product, e.g., textile, furniture, etc.)							
Mining Companies							
Life Insurance Companies		,					
Casualty Insurance Companies							
Other Insurance Companies							
Retail Companies							
Beer, Wine or Liquor Companies or Distributors							
Trade Associations							
Professional Associations							
Associations of Public Employees or Officials		***					
Counties, Cities or Towns							
Labor Organizations							
Other							

SCHEDULE H-1

REAL ESTATE—STATE OFFICERS AND EMPLOYEES ONLY

NAME:	919	son V. Schmidt 1			
OFFICE OR POSITION HELD OR SOUGHT:					
List real estate other than your principal residence in which you or a member of your immediate family holds an interest, including a partnership interest, option, easement, or land contract, valued at more than \$5,000. Each parcel shall be listed individually.					
LIST EACH LOCATION (STATE, AND O OR CITY) WHERE YOU OWN REAL ES	COUNTY STATE.	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.).	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.		
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SCHEDULE H-2

REAL ESTATE—LOCAL OFFICERS AND EMPLOYEES ONLY

NAME: TOPES	sa V. Schmidt		
OFFICE OR POSITION HELI	OOR SOUGHT: PHY COUN	ci/	
List real estate other than your pri partnership interest or option, easi list the names of any co-owners o	incipal residence in which you or a member o ement, or land contract, valued at more than S f such property, if applicable.	f your immediate family holds an \$5,000. Each parcel shall be listed	interest, including a lindividually. Also
LIST EACH LOCATION (STATE, AND COUNTY OR CITY) WHERE YOU OWN REAL ESTATE	DESCRIBE THE TYPE OF REAL ESTATE YOU OWN IN EACH LOCATION (BUSINESS, RECREATIONAL, APARTMENT, COMMERCIAL, OPEN LAND, ETC.)	IF THE REAL ESTATE IS OWNED OR RECORDED IN A NAME OTHER THAN YOUR OWN, LIST THAT NAME.	LIST THE NAMES OF ANY CO-OWNERS, IF APPLICABLE
220 Chillamauga	PR. House		Leonard Schnid
4ht VA 236	69		
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SCHEDULE I

REAL ESTATE CONTRACTS WITH GOVERNMENTAL AGENCIES

NAME: Teresea 1. Schmidt
OFFICE OR POSITION HELD OR SOUGHT:
List all contracts, whether pending or completed within the past six months, with a governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at more than \$10,000. List all contracts with a governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at more than \$1,000. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.
State officers and employees report contracts with state agencies.
Local officers and employees report contracts with local agencies.
List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity.
List each governmental agency which is party to the contract and indicate the county or city where the real estate is located.
State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract.

ATTACHMENTS